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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/700,838
Filing Date	11/3/2003
First Named Inventor	David Fikstad
Art Unit	1614
Examiner Name	Leslie Royds
Attorney Docket Number	01235-23625

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MAY 23 2008

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Total Number of Pages in This Submission

### ENCLOSURES (Check all that apply)

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input checked="" type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/<br>Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts<br>under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a<br>Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br><input type="checkbox"/> Change of Correspondence Address<br><br><input type="checkbox"/> Terminal Disclaimer<br><br><input type="checkbox"/> Request for Refund<br><br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><br><input type="checkbox"/> Appeal Communication to Board<br>of Appeals and Interferences<br><br><input type="checkbox"/> Appeal Communication to TC<br>(Appeal Notice, Brief, Reply Brief)<br><br><input type="checkbox"/> Proprietary Information<br><br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify<br>below):<br>Return Postcard<br>Assertion of Large Entity Status<br>\$655.00 check |
|--|---|---|

Remarks

05/21/2008 DALLEN 00000006 10700838

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655.00 OP

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Thorpe North & Western, LLP		
Signature			
Printed name	David W. Osborne		
Date	May 14, 2008	Reg. No.	44989

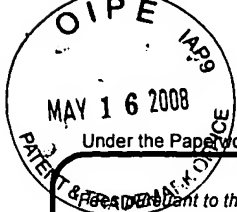
### CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	Judy Anderson	Date	May 14, 2008

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective on 12/08/2004.

Read Patent to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

## For FY 2008

☐ Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)  
655.00**Complete if Known**

Application Number 10/700,838

Filing Date 11/3/2003

First Named Inventor David Fikstad

Examiner Name Royds, Leslie A.

Art Unit 1614

Attorney Docket No. 01235-23625

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**METHOD OF PAYMENT (check all that apply)**☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):☒ Deposit Account Deposit Account Number: 20-0100 Deposit Account Name: Thorpe North & Western, LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	251	620	310	
Provisional	210	105	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	210	105
Multiple dependent claims	370	185

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	x	=	

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP =	x	=	

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Assertion of Large Entity Status

Fees Paid (\$)

\$655.00

**SUBMITTED BY**

Signature	Registration No. (Attorney/Agent) 44989	Telephone (801) 566-6633
Name (Print/Type) David W. Osborne		Date May 14 2008

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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IN THE UNITED STATES PATENT & TRADEMARK OFFICE

USPTO  
PATENT & TRADEMARK OFFICE  
DIVISION

2008 MAY 20 PM 4:07

Here application of:

Fikstad, et al.

Serial No.: 10/700,838

Art Unit: 1614

Filing Date: November 3, 2003

Title: PHARMACEUTICAL  
COMPOSITIONS WITH  
SYNCHRONIZED SOLUBILIZER  
RELEASE

Attorney Docket No.: 01235-23625

ASSERTION OF LARGE  
ENTITY STATUS AND  
ITEMIZATION AND PAYMENT  
OF DEFICIENCY

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Commissioner of Patents  
P.O. Box 1450  
Alexandria, VA. 22313-1450

Dear Sir:

The applicant asserts that as of May 25, 2004 the above listed patent is no longer entitled to small entity status and that this communication should act as notification of such as required under 37 C.F.R. §1.27(g)(2). It is further asserted that the paying of small entity fees subsequent to the above listed date was an error which was made in good faith. Accordingly, a check for \$655.00 is included herewith and is believed to correct all deficiencies owed with respect to this patent application.

The deficiency owed was calculated based on the guidelines set forth in 37 C.F.R. §1.28(c)(2)(i) and an itemization of the deficiency as required under 37 C.F.R. §1.28(c)(2)(ii) is set forth below.



Itemization of Deficiency Payment

Type of Fee Paid	Terminal Disclaimer Fee	Terminal Disclaimer Fee	3-Month Extension of Time
<b>Current Fee Amount for Non-Small Entity</b>	\$130.00	\$130.00	\$1050.00
<b>Small Entity Fee Paid</b>	\$65.00	\$65.00	\$525.00
<b>Date of Payment of Small Entity Fee</b>	October 31, 2007	October 31, 2007	October 31, 2007
<b>Deficiency Owed for each fee</b>	\$65.00	\$65.00	\$525.00
<b>Total Deficiency Owed</b>	\$655.00		

DATED this 14<sup>th</sup> day of May, 2008.

Respectfully submitted,

David W. Osborne  
ATTORNEY FOR APPLICANT  
REGISTRATION NO. 44,989  
THORPE NORTH AND WESTERN  
8180 S. 700 E., Suite 350  
Sandy, UT 84070